

**Request Form - Community Survey for Assessing Water/Sewer Needs
Division of Onsite Wastewater Management**

Please answer the following, providing as much detail as possible. (Complete information will aid us in expediting your request.)

1. Name of area to be surveyed: _____

2. County: _____
3. Exact location and boundaries of area. (In addition to describing the location, please attach a map **clearly** defining the boundaries of the area to be surveyed.)

4. Requestor's Name: _____
Title: _____
Address: _____

Phone: _____
5. Before a survey can be initiated, an authorized management agency* must be identified and willing to act as the grantee. Provide the following information regarding the management agency.
Name: _____
Address: _____

Phone: _____
6. Attach a letter from the management agency, indicating its intention to serve as grantee.
7. Describe the problem(s) this community is having with water/wastewater.

Mail the completed request form and all attachments to:

South Carolina Department of Health and Environmental Control
Bureau of Environmental Health
Division of Onsite Wastewater Management
2600 Bull Street
Columbia, South Carolina 29201

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
DIVISION OF ONSITE WASTEWATER MANAGEMENT

INSTRUCTIONS FOR COMPLETING

REQUEST FORM
COMMUNITY SURVEY FOR ASSESSING WATER/SEWER NEEDS

1. PURPOSE:

To gather the necessary information regarding a community which has requested a water/sewer needs survey. This information is needed by the Division of Onsite Wastewater Management prior to their consideration of the request. The form will function as a method of collecting the necessary information in an orderly and standardized manner.

2. EXPLANATION AND DEFINITION:

This form will be sent to the person requesting a survey, completed by them and returned to the Division of Onsite Wastewater Management.

Item by Item Instructions:

1. Provide name of area to be surveyed (community, town, "nickname" of area, etc.).
2. Provide name of county where area is located.
3. Provide directions to and boundaries of area. Attach a map with boundaries clearly defined.
4. Provide name, title, address and phone number of person, group or entity requesting survey.
5. Provide name, address and phone number of management agency* willing to serve as grantee.
6. Provide letter from management agency* indicating their willingness to serve as grantee.
7. Briefly describe the water/wastewater problem(s) in the proposed survey area.

Mail completed form and attachments as directed on request form.

3. OFFICE MECHANICS:

One copy of the form will be completed by the requestor and returned to the Division of Onsite Wastewater Management. The completed forms will be filed in the Division files. Copies may be distributed to other DHEC personnel as needed.

(* A municipality, county or other special purpose group that own, operate and maintain any public water and/or wastewater system requiring periodic operation and maintenance.)